PTO/SB/31 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
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NOTICE OF APPEAL FROM	Docket Number (Optional)						
THE BOARD OF PATENT AF	621848001US						
OFF WAR	In re Application of Kirsh et al.						
/ 2007	Application Number	Filed					
(FEB 0 5 2007 gg)	09/784,045-Conf. #2531	February 16, 2001					
THE TRADENANT OF	For SYSTEM AND METHOD FOR STANDARDIZED AND AUTOMATED APPEALS PROCESS						
	Art Unit	Examiner					
	3626	R. W. Morgan					
Applicant hereby appeals to the l		es from the last decision of the examiner. \$250.00					
Applicant claims small entity above is reduced by half, ar	status. See 37 CFR 1.27. Therefore, the resulting fee is:	he fee shown \$					
A check in the amount of the	e fee is enclosed.						
Payment by credit card. For							
The Director has already be I have enclosed a duplicate	en authorized to charge fees in this appli copy of this sheet.	ication to a Deposit Account.					
	orized to charge any fees which may be r 0-0665 . I have enclosed a duplicat						
A petition for an extension o	f time under 37 CFR 1.136(a) (PTO/SB/2						
am the							
applicant /inventor.							
assignee of record of the	entire interest.	Signature					
	ement under 37 CFR 3.73(b)	James M. Denaro					
is enclosed. (Form PTO	/SB/96)	Typed or printed name					
attorney or agent of reco	rd	Typod of printed fidelic					
attorney or agent of reco							
Registration number	54,063	(202) 628-6600					
x attorney or agent acting ur	nder 37 CFR 1.34.	Telephone number					
Registration number if acting		February 5, 2007 Date					
registration number il acting	j unuei 37 Of R 1.34.						
	rs or assignees of record of the entire intere ne signature is required, see below*.	est or their representative(s) are required.					
Y *Total of 1 form	an are cultimitted						

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER027813025US, on the date shown below in an envelope addressed to:

MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 1450.

Dated: February 5, 2007

Signature: 5

(Sharon T. Yarborough)

250.00 DA

PTO/SB/17 (07-06)

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Effective on 12/08/2004.			Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun	Application Number 09/784,045-Conf. #2531							
FEE TRANSMITTAL			Filing Date	F	February 16, 2001						
For FY 2006			First Named Inv	rentor \	William D. Kirsh						
FOIFI 2000			Examiner Name R. W. Morga								
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	3626		···					
TOTAL AMOUNT OF PAYMENT (\$) 250.00				Attorney Docket No. 621848001US				 			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
X Deposit Account Deposit Account Number: 50-0665 Deposit Account Name: Perkins Coie LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATIO	N										
1. BASIC FILING, SEA	•										
	FILIN	NG FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity					
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees P	Paid (\$)			
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FE	ES							Small Entity			
Fee Description Each claim over 20 (in	ichidina Reissue	s)					Fee (\$) 50	<u>Fee (\$)</u> 25			
Each independent claim over 3 (including Reissues)							200	100			
Multiple dependent cla		,					360	180			
N. C.		Fee (\$)	Fee I	Paid (\$)	Mι	ıltiple Depende	ent Claims				
- 20 =	x				Fee	e (\$)	Fee Paid (\$)			
HP = highest number of to	tal claims paid for, if	greater than 20.			-			_			
Indep. Claims E		Fee (\$)	Fee I	Paid (\$)							
- 3 ≈ HP = highest number of inc	dependent claims pai	id for if greater than	3								
3. APPLICATION SIZE		ie iei, ii greeter alan	.					_			
If the specification an	nd drawings exce	ed 100 sheets of	paper	(excluding electr	onically file	ed sequence or	computer				
listings under 37 C					for small en	itity) for each a	dditional 50)			
sheets or fraction t			-	* *				D : 1 (A)			
Total Sheets	Extra Sheets	-		dditional 50 or fractional (round up to a who		· -	<u>- Fee I</u>	Paid (\$)			
	=	/50		(lound up to a with	ne number)	^	Fees	Paid (\$)			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge):											
2401 Notice of appeal 250.00											
SUBMITTED BY						.,					
Signature	Me	•		Registration No. (Attorney/Agent)	54,063	Telephone	(202) 628	8-6600			
Name (Print/Type) Jame	es M. Denaro					Date	February	5, 2007			